

**OFFICE OF CORRECTIONAL EDUCATION**

PO Box 942883  
Sacramento, CA 94283-0001  
Phone: 1-279-223-1024



**TRANSCRIPT REQUEST FORM**

To receive a copy of your high school transcript, please complete the following information and choose one of the following ways below to send.

**Email to:**

[studentrecords@CDCR.CA.GOV](mailto:studentrecords@CDCR.CA.GOV)

**Mail to:**

Division Of Rehabilitative Programs  
Office of Correctional Education-Registrar  
P.O. Box 942883  
Sacramento, CA 94283

**FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DJJ/YA NUMBER:** \_\_\_\_\_

**HIGH SCHOOL/ INSTITUTION ATTENDED:** \_\_\_\_\_

**ARE YOU A HIGH SCHOOL GRADUATE?** \_\_\_\_\_ **DID YOU RECEIVE YOUR GED?** \_\_\_\_\_

**APPROXIMATE TIMEFRAME OF ATTENDANCE:** \_\_\_\_\_

**DAYTIME PHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_

**RETURN ADDRESS OF WHERE YOU WANT YOUR TRANSCRIPTS MAILED:**

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**STUDENT SIGNATURE (MUST BE HANDWRITTEN):**

**DATE:**

\_\_\_\_\_

THE CDCR DIVISION OF REHABILITATIVE PROGRAMS DOES NOT ISSUE DUPLICATE DIPLOMAS